

For official use only:

Customer Name

Customer No.

PD F 2778  
Department of the Treasury  
Bureau of the Fiscal Service  
(Revised January 2014)

## CERTIFICATION ATTACHMENT

Attached to and made a part of Form: \_\_\_\_\_

***Certifying Officer – The individuals must sign in your presence. Complete the certification and affix your stamp or seal.***

I CERTIFY that \_\_\_\_\_, whose identity is known or was proven  
to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (Month) \_\_\_\_\_ (Year),  
at \_\_\_\_\_ (City) \_\_\_\_\_ (State), and signed this form.

**(OFFICIAL STAMP  
OR SEAL)**

\_\_\_\_\_  
(Signature and title of certifying officer)

\_\_\_\_\_  
(Number and Street or Rural Route)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP Code)

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(ZIP Code)